



San Ramon Police Department Citizens Police Academy

NAME: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

CALIFORNIA DRIVER'S LICENSE NUMBER: _____

DATE OF BIRTH: _____ OCCUPATION: _____

REASON(S) FOR WANTING TO ATTEND THE CITIZENS POLICE ACADEMY: _____

DO YOU KNOW ANYONE INVOLVED IN LAW ENFORCEMENT? _____

HAVE YOU EVER BEEN CONTACTED BY THE POLICE DEPARTMENT? ☐ NO ☐ YES

IF YES, WHAT WAS YOUR IMPRESSION OF THE OFFICER(S)? _____

HOW DID YOU HEAR ABOUT THE CITIZENS POLICE ACADEMY? _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A CRIME? _____

GIVE THE NAME, ADDRESS AND PHONE NUMBERS OF TWO CHARACTER REFERENCES:

1. _____

2. _____

SHIRT SIZE (S, M, L, XL, 2X): _____

I give the San Ramon Police Department permission to conduct a background check.

Print Name: _____ ***Signature:*** _____ ***Date:*** _____

NOTE:

Class size is limited. Residents and citizens who work in San Ramon are given first priority.
Applications may be mailed or delivered to:

San Ramon Police Department
Citizen's Academy ATTN: Ransom/Gunning
2220 Camino Ramon
San Ramon, CA 94583
(925) 973-2715